Code	Short Description	Age Range	Rate	Effective Date**
D0120	Periodic Oral Evaluation		\$14.89	
D0140	Limit Oral Eval Problm Focus		\$14.89	
D0145	Oral Evaluation, Pt < 3yrs		\$14.89	
D0150	Comprehensve Oral Evaluation	0 to 19 years	\$18.90	
D0150	Comprehensve Oral Evaluation	19 to 124 years	\$14.89	
D0190	Screening Of A Patient		\$14.89	
D0191	Assessment Of A Patient		\$14.89	
D0210	Intraor Complete Film Series	0 to 19 years	\$40.95	
D0210	Intraor Complete Film Series	19 to 124 years	\$25.62	
D0220	Intraoral Periapical First		\$3.63	
D0230	Intraoral Periapical Ea Add		\$3.15	
D0240	Intraoral Occlusal Film		\$3.63	
D0270	Dental Bitewing Single Image	0 to 19 years	\$10.29	
D0270	Dental Bitewing Single Image	19 to 124 years	\$6.93	
D0272	Dental Bitewings Two Images	0 to 19 years	\$12.60	
D0272	Dental Bitewings Two Images	19 to 124 years	\$9.35	
D0273	Bitewings - Three Images	0 to 19 years	\$15.12	
D0273	Bitewings - Three Images	19 to 124 years	\$11.69	
D0274	Bitewings Four Images	0 to 19 years	\$17.64	
D0274	Bitewings Four Images	19 to 124 years	\$14.02	
D0330	Panoramic Image		\$17.56	
D0340*	2d Cephalometric Image		\$28.39	
D1110	Dental Prophylaxis Adult	0 to 19 years	\$27.72	
D1110	Dental Prophylaxis Adult	19 to 124 years	\$22.10	
D1120	Dental Prophylaxis Child		\$19.53	
D1206	Topical Fluoride Varnish	0 to 3 years	\$9.00	
D1206	Topical Fluoride Varnish	3 to 16 years	\$13.23	
D1208	Topical App Fluorid Ex Vrnsh		\$13.23	
D1351	Dental Sealant Per Tooth		\$15.12	
D1352	Prev Resin Rest, Perm Tooth		\$15.12	
D1354	Interim Caries Med App		\$13.23	
D1510	Space Maintainer Fxd Unilat		\$110.25	
D1515	Fixed Bilat Space Maintainer		\$173.25	
D1550	Recement Space Maintainer		\$21.42	
D1555	Remove Fix Space Maintainer		\$21.42	
D1575	Dist Space Maint, Fixed Unil		\$110.25	
D2140	Amalgam One Surface Permanen	0 to 19 years	\$38.22	
D2140	Amalgam One Surface Permanen	19 to 124 years	\$15.59	
D2150	Amalgam Two Surfaces Permane	0 to 19 years	\$48.41	
D2150	Amalgam Two Surfaces Permane	19 to 124 years	\$31.21	
D2160	Amalgam Three Surfaces Perma	0 to 19 years	\$60.12	
D2160	Amalgam Three Surfaces Perma	19 to 124 years	\$41.22	
D2161	Amalgam 4 Or > Surfaces Perm	0 to 19 years	\$69.93	
D2161	Amalgam 4 Or > Surfaces Perm	19 to 124 years	\$48.45	

<sup>\*\*</sup>Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Page 1 of 7

Code	Short Description	Age Range	Rate	Effective Date**
D2330	Resin One Surface-Anterior	0 to 19 years	\$46.94	
D2330	Resin One Surface-Anterior	19 to 124 years	\$25.62	
D2331	Resin Two Surfaces-Anterior	0 to 19 years	\$60.48	
D2331	Resin Two Surfaces-Anterior	19 to 124 years	\$36.77	
D2332	Resin Three Surfaces-Anterio	0 to 19 years	\$74.13	
D2332	Resin Three Surfaces-Anterio	19 to 124 years	\$49.02	
D2335	Resin 4/> Surf Or W Incis An	0 to 19 years	\$98.28	
D2335	Resin 4/> Surf Or W Incis An	19 to 124 years	\$59.05	
D2390	Ant Resin-Based Cmpst Crown	0 to 19 years	\$154.75	
D2390	Ant Resin-Based Cmpst Crown	19 to 21 years	\$131.25	
D2391	Post 1 Srfc Resinbased Cmpst	0 to 19 years	\$38.23	
D2391	Post 1 Srfc Resinbased Cmpst	19 to 124 years	\$15.59	
D2392	Post 2 Srfc Resinbased Cmpst	0 to 19 years	\$48.41	
D2392	Post 2 Srfc Resinbased Cmpst	19 to 124 years	\$31.21	
D2393	Post 3 Srfc Resinbased Cmpst	0 to 19 years	\$60.12	
D2393	Post 3 Srfc Resinbased Cmpst	19 to 124 years	\$41.22	
D2394	Post >=4srfc Resinbase Cmpst	0 to 19 years	\$66.52	
D2394	Post >=4srfc Resinbase Cmpst	19 to 124 years	\$48.45	
D2710	Crown Resin-Based Indirect	0 to 19 years	\$232.05	
D2710	Crown Resin-Based Indirect	19 to 21 years	\$175.49	
D2712	Crown 3/4 Resin-Based Compos	0 to 19 years	\$232.05	
D2712	Crown 3/4 Resin-Based Compos	19 to 21 years	\$175.49	
D2740*	Crown Porcelain/Ceramic Subs		\$432.92	
D2750*	Crown Porcelain W/ H Noble M		\$411.60	
D2751*	Crown Porcelain Fused Base M		\$393.23	
D2752*	Crown Porcelain W/ Noble Met		\$404.25	
D2790*	Crown Full Cast High Noble M		\$404.25	
D2791*	Crown Full Cast Base Metal		\$363.83	
D2792*	Crown Full Cast Noble Metal		\$367.50	
D2794*	Crown-Titanium		\$367.50	
D2799*	Provisional Crown		\$232.05	
D2910	Recement Inlay Onlay Or Part		\$11.69	
D2915	Recement Cast Or Prefab Post		\$11.69	
D2920	Re-Cement Or Re-Bond Crown		\$11.69	
D2930	Prefab Stnlss Steel Crwn Pri	0 to 19 years	\$84.00	
D2930	Prefab Stnlss Steel Crwn Pri	19 to 21 years	\$46.80	
D2931	Prefab Stnlss Steel Crown Pe		\$85.62	
D2933	Prefab Stainless Steel Crown	0 to 19 years	\$90.83	
D2933	Prefab Stainless Steel Crown	19 to 21 years	\$58.49	
D2934	Prefab Steel Crown Primary		\$90.83	
D2940	Protective Restoration		\$11.69	
D2950	Core Build-Up Incl Any Pins		\$116.13	
D2951	Tooth Pin Retention		\$22.79	
D2952	Post And Core Cast + Crown		\$155.82	

<sup>\*\*</sup>Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Page 2 of 7

Code	Short Description	Age Range	Rate	Effective Date**
D2954	Prefab Post/Core + Crown		\$150.68	
D2999	Dental Unspec Restorative Pr		М	
D3110	Pulp Cap Direct	0 to 19 years	\$18.38	
D3110	Pulp Cap Direct	19 to 124 years	\$12.82	
D3220	Therapeutic Pulpotomy		\$66.15	
D3221	Gross Pulpal Debridement		\$66.15	
D3222	Part Pulp For Apexogenesis	0 to 19 years	\$66.15	
D3222	Part Pulp For Apexogenesis	19 to 21 years	\$35.10	
D3230	Pulpal Therapy Anterior Prim		\$102.77	
D3240	Pulpal Therapy Posterior Pri		\$102.77	
D3310	End Thxpy, Anterior Tooth	0 to 19 years	\$239.40	
D3310	End Thxpy, Anterior Tooth	19 to 21 years	\$134.54	
D3320	End Thxpy, Bicuspid Tooth	0 to 19 years	\$283.50	
D3320	End Thxpy, Bicuspid Tooth	19 to 21 years	\$157.93	
D3330	End Thxpy, Molar	0 to 19 years	\$378.00	
D3330	End Thxpy, Molar	19 to 21 years	\$204.73	
D3346	Retreat Root Canal Anterior	0 to 19 years	\$246.58	
D3346	Retreat Root Canal Anterior	19 to 21 years	\$138.57	
D3347	Retreat Root Canal Bicuspid	0 to 19 years	\$292.00	
D3347	Retreat Root Canal Bicuspid	19 to 21 years	\$162.66	
D3348	Retreat Root Canal Molar	0 to 19 years	\$389.34	
D3348	Retreat Root Canal Molar	19 to 21 years	\$210.87	
D3351	Apexification/Recalc Initial		\$63.21	
D3352	Apexification/Recalc Interim		\$63.21	
D3353	Apexification/Recalc Final		\$404.25	
D3410	Apicoectomy - Anterior	0 to 19 years	\$312.90	
D3410	Apicoectomy - Anterior	19 to 21 years	\$81.89	
D3421	Root Surgery Bicuspid		\$349.13	
D3425	Root Surgery Molar		\$374.85	
D3426	Root Surgery Ea Add Root		\$374.85	
D3430	Retrograde Filling		\$73.50	
D3999	Endodontic Procedure		М	
D4355	Full Mouth Debridement		\$43.26	
D5110	Dentures Complete Maxillary		\$341.25	
D5120	Dentures Complete Mandible		\$341.25	
D5130	Dentures Immediat Maxillary		\$341.25	
D5140	Dentures Immediat Mandible		\$341.25	
D5211	Dentures Maxill Part Resin		\$157.93	
D5212	Dentures Mand Part Resin		\$157.93	
D5213	Dentures Maxill Part Metal		\$380.22	
D5214	Dentures Mandibl Part Metal		\$380.22	
D5225	Maxillary Part Denture Flex		\$157.93	
D5226	Mandibular Part Denture Flex		\$157.93	
D5410	Dentures Adjust Cmplt Maxil		\$36.75	

<sup>\*\*</sup>Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Page 3 of 7

Code	Short Description	Age Range	Rate	Effective Date**
D5411	Dentures Adjust Cmplt Mand		\$36.75	
D5421	Dentures Adjust Part Maxill		\$36.75	
D5422	Dentures Adjust Part Mandbl		\$36.75	
D5510	Dentur Repr Broken Compl Bas		\$66.15	
D5520	Replace Denture Teeth Complt		\$70.35	
D5610	Dentures Repair Resin Base		\$66.15	
D5620	Rep Part Denture Cast Frame		\$70.35	
D5630	Rep Partial Denture Clasp		\$89.24	
D5640	Replace Part Denture Teeth		\$63.00	
D5650	Add Tooth To Partial Denture		\$70.35	
D5660	Add Clasp To Partial Denture		\$99.75	
D5710	Dentures Rebase Cmplt Maxil		\$146.24	
D5711	Dentures Rebase Cmplt Mand		\$146.24	
D5720	Dentures Rebase Part Maxill		\$87.74	
D5721	Dentures Rebase Part Mandbl		\$87.74	
D5730	Denture Reln Cmplt Maxil Ch		\$66.15	
D5731	Denture Reln Cmplt Mand Chr		\$66.15	
D5740	Denture Reln Part Maxil Chr		\$66.15	
D5741	Denture Reln Part Mand Chr		\$66.15	
D5750	Denture Reln Cmplt Max Lab		\$105.85	
D5751	Denture Reln Cmplt Mand Lab		\$105.85	
D5760	Denture Reln Part Maxil Lab		\$116.99	
D5761	Denture Reln Part Mand Lab		\$116.99	
D5810	Denture Interm Cmplt Maxill		\$146.24	
D5811	Denture Interm Cmplt Mandbl		\$146.24	
D5820	Denture Interm Part Maxill		\$105.28	
D5821	Denture Interm Part Mandbl		\$105.28	
D5899	Removable Prosthodontic Proc		М	
D5982*	Surgical Stent		\$627.00	
D5988*	Surgical Splint		\$627.00	
D6010*	Odontics Endosteal Implant		\$1,468.00	
D6055*	Implant Connecting Bar		\$1,949.00	
D6056*	Prefabricated Abutment		\$300.00	
D6057*	Custom Abutment		\$300.00	
D6058*	Abutment Supported Crown		\$675.00	
D6059*	Abutment Supported Mtl Crown		\$675.00	
D6062*	Abutment Supported Mtl Crown		\$675.00	
D6065*	Implant Supported Crown		\$975.00	
D6066*	Implant Supported Mtl Crown		\$975.00	
D6067*	Implant Supported Mtl Crown		\$975.00	
D6068*	Abutment Supported Retainer		\$675.00	
D6069*	Abutment Supported Retainer		\$675.00	
D6072*	Abutment Supported Retainer		\$675.00	
D6075*	Implant Supported Retainer		\$975.00	

<sup>\*\*</sup>Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Page 4 of 7

Code	Short Description	Age Range	Rate	Effective Date**
D6076*	Implant Supported Retainer		\$975.00	
D6077*	Implant Supported Retainer		\$975.00	
D6080*	Implant Maintenance		\$112.00	
D6081*	Scale & Debride, Single Imp		\$112.00	
D6090*	Repair Implant		М	
D6091*	Repl Semi/Precision Attach		М	
D6092*	Recement Supp Crown		\$65.00	
D6093*	Recement Supp Part Denture		\$70.00	
D6094*	Abut Support Crown Titanium		М	
D6095*	Odontics Repr Abutment		М	
D6100*	Removal Of Implant		М	
D6110*	ImpInt/Abut Remov Dent Max		\$1,719.00	
D6111*	Implnt/Abut Remov Dent Mand		\$1,719.00	
D6112*	Imp/Abut Rem Dent Part Max		\$1,719.00	
D6113*	Imp/Abut Rem Dent Part Mand		\$1,719.00	
D6114*	Implnt/Abut Fixed Dent Max		\$2,919.00	
D6115*	Implnt/Abut Fixed Dent Mand		\$2,919.00	
D6116*	Imp/Abut Fixed Dent Part Max		\$2,919.00	
D6117*	Imp/Abut Fixed Dent Part Man		\$2,919.00	
D6194*	Abut Support Retainer Titani		\$675.00	
D6199*	Implant Procedure		М	
D6205*	Pontic-Indirect Resin Based		\$232.05	
D6210*	Prosthodont High Noble Metal		\$396.90	
D6211*	Bridge Base Metal Cast		\$382.20	
D6212*	Bridge Noble Metal Cast		\$389.55	
D6214*	Pontic Titanium		\$422.63	
D6240*	Bridge Porcelain High Noble		\$422.63	
D6241*	Bridge Porcelain Base Metal		\$374.85	
D6242*	Bridge Porcelain Nobel Metal		\$393.23	
D6245*	Bridge Porcelain/Ceramic		\$417.90	
D6253*	Provisional Pontic		\$232.05	
D6710*	Crown-Indirect Resin Based		\$232.05	
D6740*	Crown Porcelain/Ceramic		\$417.90	
D6750*	Crown Porcelain High Noble		\$422.63	
D6751*	Crown Porcelain Base Metal		\$374.85	
D6752*	Crown Porcelain Noble Metal		\$393.23	
D6790*	Crown Full High Noble Metal		\$396.90	
D6791*	Crown Full Base Metal Cast		\$382.20	
D6792*	Crown Full Noble Metal Cast		\$385.88	
D6793*	Provisional Retainer Crown		\$232.05	
D6794*	Crown Titanium		\$422.63	
D6930	Recement/Bond Part Denture		\$28.61	
D6980*	Fixed Partial Repair		M	
D7111	Extraction Coronal Remnants		\$23.39	

<sup>\*\*</sup>Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Page 5 of 7

Code	Short Description	Age Range	Rate	Effective Date**
D7140	Extraction Erupted Tooth/Exr	0 to 19 years	\$44.47	
D7140	Extraction Erupted Tooth/Exr	19 to 124 years	\$25.62	
D7210	Rem Imp Tooth W Mucoper Flp	0 to 19 years	\$99.23	
D7210	Rem Imp Tooth W Mucoper Flp	19 to 124 years	\$33.43	
D7220	Impact Tooth Remov Soft Tiss	0 to 19 years	\$117.60	
D7220	Impact Tooth Remov Soft Tiss	19 to 124 years	\$52.65	
D7230	Impact Tooth Remov Part Bony	0 to 19 years	\$158.03	
D7230	Impact Tooth Remov Part Bony	19 to 124 years	\$87.74	
D7240	Impact Tooth Remov Comp Bony	0 to 19 years	\$190.37	
D7240	Impact Tooth Remov Comp Bony	19 to 124 years	\$116.99	
D7250	Tooth Root Removal	0 to 19 years	\$43.37	
D7250	Tooth Root Removal	19 to 124 years	\$23.39	
D7260	Oral Antral Fistula Closure		\$257.25	
D7261	Primary Closure Sinus Perf		\$171.50	
D7270	Tooth Reimplantation		\$147.00	
D7280*	Exposure Of Unerupted Tooth		\$176.40	
D7282*	Mobilize Erupted/Malpos Toot		\$120.40	
D7283*	Place Device Impacted Tooth		\$120.40	
D7310	Alveoplasty W/ Extraction		\$99.23	
D7320	Alveoplasty W/O Extraction		\$124.95	
D7471	Rem Exostosis Any Site		\$87.74	
D7472	Removal Of Torus Palatinus		\$113.58	
D7473	Remove Torus Mandibularis		\$113.58	
D7485	Surg Reduct Osseoustuberosit		\$113.58	
D7510	I&D Absc Intraoral Soft Tiss		\$9.46	
D7970	Excision Hyperplastic Tissue		\$113.58	
D7971	Excision Pericoronal Gingiva		\$55.13	
D7972	Surg Redct Fibrous Tuberosit		\$87.74	
D7999	Oral Surgery Procedure		М	
D8050*	Intercep Dental Tx Primary		\$1,260.00	
D8060*	Intercep Dental Tx Transitn		\$1,470.00	
D8070*	Compre Dental Tx Transition		\$1,460.00	
D8080*	Compre Dental Tx Adolescent		\$1,775.00	
D8090*	Compre Dental Tx Adult		\$1,880.00	
D8660*	Preorthodontic Tx Visit		\$107.09	
D8670*	Periodic Orthodontc Tx Visit		\$600.00	
D8692*	Replacement Retainer		\$78.75	
D8999*	Orthodontic Procedure		М	
D9110	Tx Dental Pain Minor Proc		\$13.92	
D9223	General Anesthesia Each 15m		\$40.56	
D9243	Iv Sedation Each 15m		\$40.56	
D9248	Sedation (Non-Iv)		\$40.56	
D9310	Dental Consultation		\$29.24	
D9420	Hospital/Asc Call		\$150.00	

<sup>\*\*</sup>Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Page 6 of 7

Code	Short Description	Age Range	Rate	Effective Date**
D9930	Treatment Of Complications		\$17.56	
D9940*	Dental Occlusal Guard		\$229.00	
D9999	Adjunctive Procedure		М	

\*Covered benefit for CSHCS only: D0340, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794, D2799, D5982, D5988, D6010, D6055, D6056, D6057, D6058, D6059, D6059, D6062, D6065, D6066, D6067, D6068, D6069, D6072, D6075, D6076, D6077, D6080, D6081, D6090, D6091, D6092, D6093, D6094, D6095, D6100, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6194, D6199, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6253, D6710, D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6793, D6794, D6980, D7280, D7282, D7283, D8050, D8060, D8070, D8080, D8090, D8660, D8670, D8692, D8999, D9940

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Page 7 of 7

<sup>\*\*</sup>Effective Date will only be populated when the rate begins after the published fee schedule date